

MAY 04 2006 2:15PM 407-736-6440

NO. 3168 P. 2

PART B - FEE(S) TRANSMITTAL

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Ann Hickey (Depositor's name)
Ann Hickey (Signature)
May 4, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,578	12/30/2003	Giovanni Benini	2001P06859WOUS	8079

TITLE OF INVENTION: ESTABLISHING A BROADBAND CONNECTION THAT SAVES RESOURCES AND SATISFIES BILLING CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, QUOC DUC	2643	379-114010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth to 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Aktiengesellschaft, Muenchen, Federal Republic Germany

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

01 FC:1501

1400.00 DA

02 FC:1504

300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2179 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

JOHN P. MUSONE

Date MAY 4, 2006

Registration No. 44,961

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TO: Mail Stop Issue Fee
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FROM: Ann Hickey, IP Specialist
ann.hickey@siemens.com

Fax No.: 571-273-2885

Fax No: 407-736-6440
Phone: 407-736-7064

DATE: May 4, 2006

Number of Pages including cover page: 3

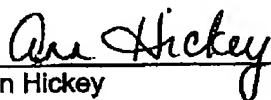
Re: **10/748,578** filing date: 12/30/2003
Attorney Docket No.: 2001P06859WOUS
Issue Fee Date Due: 05/10/2006
Paper Dated: May 4, 2006
The required fees have been authorized to be charged to Deposit Account 19-2179.

Certification of Transmission under 37 CFR 1.8

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PTOL-85 PART B-FEE(S) TRANSMITTAL (2 pgs., original + 1 copy)


Ann Hickey

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4400 Alafaya Trail
Orlando Florida 32826

Tel: 407-736-2472
FAX: 407-736-6440